

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6095-63-021569  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

6095

FILED JUN 13 1963

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**2 Days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Anthony Hospital**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**1020 S. 14th St. Apt 415**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Robert**

Middle

Last **Fletcher**

4. DATE OF DEATH

Month **June**

Day **7**

Year **1963**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3-17-1879**

9. AGE (last birthday)  
**84**

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Tool & Die Maker**

10b. KIND OF BUSINESS OR INDUSTRY  
**Machine Shop**

11. BIRTHPLACE (City and state or country)  
**Newark, New Jersey**

12. CITIZEN OF WHAT COUNTRY  
**U S A**

13a. FATHER'S NAME  
**Unknown**

13b. MOTHER'S MAIDEN NAME  
**Unknown**

14. NAME OF HUSBAND OR WIFE  
**Belle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address **Belle Fletcher 1020 S. 14th St. Apt 415**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Metastatic carcinoma of lungs**

INTERVAL BETWEEN ONSET AND DEATH  
**3 mo.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Primary carcinoma right lung**

**1 yr.**

DUE TO (c)

**1621**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**arterio-sclerotic heart disease**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

**Jan. 1950 to June 7-1963**  
**4.10 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**George A. O'Sullivan, M.D.**

22b. ADDRESS

**7629 Ivory Ave.**

22c. DATE SIGNED

**6-8-63**

23a. BURIAL, CREMATION, or other disposition (city)

**Cremation**

23b. DATE

**6-10-63**

23c. NAME OF CEMETERY OR CREMATORY

**Hillcrest Abbey**

23d. LOCATION (City, town, or county)

**3211 Sublette ave.**

(State)

24. FUNERAL DIRECTOR

**C. Hoffmeister Mortuaries**

ADDRESS

**781 S. Broadway**

25. DATE RECD. BY LOCAL REG.

**JUN 10 1963**

26. REGISTRAR'S SIGNATURE

**Loan Smith, M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John J. Dennehy*

Licensed Embalmer No. 4194

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. George O'Neil  
1629 St. Mary St.  
St. Louis, Mo.  
PE 2-1242  
JE 3-5857